



## **INDIANA RECOVERY AGENT APPLICATION**

### **Please type or print legibly.**

Illegible applications will be returned. You must answer all questions fully and the affidavit must be properly notarized. Failure to follow instructions will result in the application's return to applicant. Please attach a sheet for additional information when necessary.

### **All applications must include:**

- A recent digital full face photograph and your signature on the specimen sheet to be included on your license. Pictures can be taken and a license issued in our office **by appointment only.**
- Certified fingerprint card from local law enforcement, or a receipt from L-1 Identity Solutions showing that you have been fingerprinted.
- Recent Credit Bureau Report (Free): at [www.annualcreditreport.com](http://www.annualcreditreport.com)
- Criminal History Check completed by Indiana State Police.
- Application fee of **\$300.00** (check or money order).
- Photo copies of other Professional Licenses that you hold.
- Completion Certificate for twelve (12) credit hours of Pre-Licensing Education.

### ***We Do Not Accept Cash or Credit Cards***

Upon receipt of the application materials, you will receive a **CERTIFICATE OF TESTING ELIGIBILITY** from this office which will entitle you to take the recovery agent examination. Information regarding test sites and phone number will be included. There is a One Hundred Dollar (\$100.00) examination fee, **to be paid at the time of registration on Website.** Do not send this fee with your application. The examination is given by a vendor. Once you receive your testing certificate, an information sheet will be provided to you on how to schedule an examination and how to pay the examination fee. Please note that incorrect or misleading information on this application may result in a denial or other administrative action! Please call this office at 317-232-5249 if you have any questions, regarding this application.

## INDIANA RECOVERY AGENT APPLICATION

NAME OF APPLICANT \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_

PREVIOUS ADDRESS (FOR PAST 5 YEARS) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

PRINCIPAL ADDRESS WHERE YOU INTEND TO CONDUCT BUSINESS \_\_\_\_\_

HOW LONG HAVE YOU BEEN A RESIDENT OF INDIANA \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES      YES \_\_\_\_\_ NO \_\_\_\_\_

EYE COLOR \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

CURRENT OCCUPATION \_\_\_\_\_

**ANSWER THE FOLLOWING QUESTIONS FULLY**

**Yes**      **No**

1	Are you aware of any complaints against you currently pending before any public authority, including a law enforcement agency and Bureau of Motor Vehicles?		
2	Has any disciplinary action been taken against you by any public authority (law enforcement agency, Bureau of Motor Vehicles, etc.)?		
3	Have you ever been convicted of a felony?		
4	Have you ever been convicted of a misdemeanor involving dishonesty, violence or a deadly weapon?		
5	Are you a jailer, law enforcement officer, or do you have any custody or control over prisoners?		
6	Have you ever had a Bail, Recovery or other Insurance license suspended or revoked by this or another State?		
7	Do you have any outstanding State or Federal tax liens or warrants?		
8	Do you currently have any outstanding judgments for unpaid child support?		
<b>NOTE</b> If you answered YES to any of the above, give a detailed explanation on an attached sheet.			

**AFFIRMATION**

I AFFIRM, UNDER THE PENALTIES OF PERJURY AND THOSE PENALTIES SET OUT IN THE INDIANA CODE, TITLE 27, CHAPTER 10, THAT THE FORGOING ANSWERS AND INFORMATION ARE TRUE AND ACCURATE.

SIGNATURE OF APPLICANT:

\_\_\_\_\_

DATE: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires \_\_\_\_\_ Notary Public \_\_\_\_\_

County of Residence \_\_\_\_\_ Printed Name \_\_\_\_\_

Attach a small digital photo

**HERE----->**

Your signature (PLEASE USE **BLACK SHARPIE** PEN)

**HERE----->**

Name \_\_\_\_\_ Agent # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_